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| Substitute for form 1449/PTO (Revised 07/2005) INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i> | | | | Complete if Known | | | |
| | | | | Application Number | | TO BE ASSIGNED | |
| | | | | Filing Date | | Concurrently Herewith | |
| | | | | First Named Inventor Group Art Unit | | Bonnifait et al. | |
| | | | | Examiner Name | | | |
| Sheet | 1 | of | 1 | Attorney Docket Number 033339/316235 | | | |

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| Examiner Signature | /Steven Nguyen/ | | | Date Considered | 05/04/2010 | |

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /S.N./